

New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Professional Engineers and Land Surveyors P.O. Box 45015, Newark, New Jersey 07101 (973) 504-6460

Verification of RegistrationFrom: New Jersey State Board of Professional Engineers and Land Surveyors

To:	Date:
State:	Name of applicant:
Name:	Street address:
Street:	City, State, ZIP code:
City, State, ZIP code:	
I. The above-named person was registered as:	
Certificate	Number Date Issued Valid Until
□ Professional Engineer	
□ Engineer-in-Training	
□ Land Surveyor	
□ Architect	
II. Minimum Requirements were:	
Written Examination	
	FIT has LC has
	EIThrs. LShrs.
Grade/date of exam: PE(/_/) grade date	EIT (/) LS (/) grade date
	on recommended cut-off scores?
EIT accepted from:	PE accepted from:
2. Oral Examination	
Number of hours: PE hrs.	EIThrs. LShrs.
3. Discipline:	
4. Comity with: (1)	(2)
5. Other: Please give full details on other side.	
6. State-Specific Examination:	
7. Have there been any disciplinary actions initiated again If so, please describe said actions on the reverse s	
Ву:	
Title:	(SEAL)
Date:	,